

I certify that I paid the amount of \$ \_\_\_\_\_ -  
for the following services:  
(Attach invoice or receipt when possible).

<u>Amount</u>	<u>Purpose</u>
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____ -	<u>TOTAL</u>

Check for reimbursement should be paid to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

For Treasurer only:

The above amount of \$ \_\_\_\_\_ was paid on \_\_\_\_\_  
check # \_\_\_\_\_ and charged to the following account(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_